

**South Carolina Department of Disabilities
And
Special Needs**

SUPPORT CENTER SERVICES STANDARDS

Effective July 1, 2009

Revised Effective July 1, 2010

SC Department of Disabilities and Special Needs SUPPORT CENTER SERVICE STANDARDS

The mission of SCDDSN is to assist people with disabilities and their families through choice in meeting needs, pursuing possibilities and achieving life goals and minimize the occurrence and reduce the severity of disabilities through prevention. Consistent with the agency's mission, the intent of DDSN Support Center Services is to provide people with Mental Retardation/ Related Disability (MR/RD), Autism, and Head and Spinal Cord Injuries and Similar Disability (HASCI) the supports needed in order for them to meet their needs, pursue possibilities and achieve their life goals.

DEFINITION

Support Center Service includes non-medical care, supervision and assistance provided in a non-institutional, group setting outside of the participant's home to people who because of their disability are unable to care for and supervise themselves. Services provided are necessary to prevent institutionalization and maintain the participants' health and safety. The care, supervision and assistance will be provided in accordance with a plan of care. An array of non-habilitative activities and opportunities for socialization will be offered throughout the day but not as therapeutic goals.

Transportation will be provided from the participant's residence to the habilitation site when the service start time is before 12:00 Noon. Transportation will be available from the participant's habilitation site to their residence when the service start time is after 12:00 Noon.

ANTICIPATED OUTCOMES

For a limited number of people (ex. elderly, those with significant medical conditions, those with significant psycho-social risk factors), other day support options may be inappropriate or undesirable. As an alternative, Support Center Service allows people to spend time away from home in a supervised setting where person-centered activities enable them to actualize their potential, have their needs met and enjoy new experiences.

It is expected that SCDDSN Support Center Service be provided in a manner that promotes:

- Dignity and respect
- Health, safety and well-being
- Individual and family participation, choice control and responsibility
- Relationships with family and friends and community connections
- Personal growth and accomplishments

It is also expected that Support Center Service reflects the principles of the agency and therefore services should:

- Be person centered
- Be responsive, efficient, and accountable
- Be strengths-based, results oriented
- Maximize potential
- Be based on best and promising practices

Standards		Guidance
1	Support Center Service will be provided in accordance with all state and federal laws.	
2	Support Center Service will only be provided in or originate from facilities licensed by SCDDSN.	
3	Support Center Service will be provided in accordance with applicable SCDDSN Departmental Directives, procedures and guidance.	
4	Support Center Services will only be provided by SCDDSN qualified Day Services providers.	
5	<p>Each program will designate a Program Director who meets the following minimal qualifications:</p> <ul style="list-style-type: none"> • Is at least twenty-one years old. • Have a four-year, baccalaureate degree from an accredited college or university in the human services or related field and two year's experience in administration or supervision in the human services field or have a master's degree from an accredited college or university in the human services or related field and one year's experience in administration or supervision in the human services • Have references from past employment. 	<i>A Program Director may serve more than one program.</i>
6	<p>Each program will employ direct care staff who meet the following qualifications:</p> <ul style="list-style-type: none"> • Is at least eighteen years old. • Have a valid high school diploma or its certified equivalent. • Have references from past employment if the person has a work history. 	
7	Staff must meet requirements for criminal background checks.	<p><i>Checks should be done in accordance with Department Directive 406-04-DD. No support provider may be employed who has been convicted, pled guilty or nolo contendere to:</i></p> <ol style="list-style-type: none"> <i>1. Abuse, neglect or mistreatment of a consumer in any health care setting;</i> <i>2. An "Offense Against the Person" as provided for in</i>

Standards		Guidance
		<p><i>Chapter 3, Title 16;</i></p> <p><i>3. An "Offense Against Morality or Decency" as provided for in Chapter 15, Title 16;</i></p> <p><i>4. Contributing to the delinquency of a minor as provided for in Section 16-17-490</i></p> <p><i>5. The common law offense of assault and battery of a high and aggravated nature;</i></p> <p><i>6. Criminal domestic violence, as defined in Section 16-25-20</i></p> <p><i>7. A felony drug-related offense under the laws of this state; and</i></p> <p><i>8. A person who has been convicted of a criminal offense similar in nature to a crime previously enumerated when the crime was committed in another jurisdiction or under federal law; has a substantiated history of child abuse and/or neglect and/or convictions of those crimes listed in SC Code 20-7-1642 and/or is listed on the SC Sex Offender Registry</i></p>
8	Staff must pass an initial physical exam prior to working in the program.	<i>Pass = No documentation in the physical exam report of conditions present that would jeopardize health and safety of people receiving services or staff's ability to perform required duties.</i>
9	Staff must pass initial tuberculosis screening prior to working in the program and annually thereafter.	<i>Pass = no evidence of communicable disease; meets Requirements OF 603-06-DD.</i>
10	Staff must be trained and be deemed competent in accordance with Department Directive 567-01-DD.	
11	There will be a staff development / in-service education program operable in each provider agency which requires all staff to participate in in-service education programs and staff development opportunities in accordance with departmental directives.	<i>From 567-01-DD, staff must periodically be required to demonstrate continuing competency on the most critical information and skills taught in the curriculum. Providers have wide latitude in designing the format of such rechecks. Encouraging staff commitment to continuing personal and professional development will expand the capacity to provide quality service and supports. Staff should routinely be exposed to information regarding training resources and opportunities. Supervisors should be working with staff to identify annual personal and professional goals.</i>
12	Each program will have written policies on: <ul style="list-style-type: none"> • Use of volunteers and substitutes; • Program evaluation; • Administration of medication; • Admission and discharge of participants; • Personnel practices • Procedures to be followed when 	

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	<p>a participant is discovered to be missing.</p> <ul style="list-style-type: none"> Termination of participants from the program which include: <ul style="list-style-type: none"> A list of reasons for dismissal; Methods of averting the termination; When consultation and concurrence with the Department prior to termination will be sought. Keeping and managing a waiting list for those who are seeking entry into each service provided in the program that includes the frequency with which the list will be reviewed. 	
13	People receiving Support Center Service are free from abuse, neglect and exploitation.	
14	Provider agency staff must advocate for each service recipient to insure the person's constitutional, civil and human rights are protected.	
15	Support Center Service will only be provided to those who are authorized by a DSN Board or contracted Service Coordinator to receive.	<p><i>Service Coordination will provide the chosen Support Center Service provider with a referral notification that at a minimum includes the following information:</i></p> <ul style="list-style-type: none"> <i>Consumer information: (name, address, DOB, referral date, SS#, Medicaid # (when applicable), emergency contact information, and name of referring Service Coordinator).</i> <i>Authorization of service, number of authorized units,</i> <i>Additional information: (Critical and emergency information, health/medical information, and care and supervision information.</i>
16	Psychological evaluations are required. Adults shall be tested using a restrictive test of intelligence administered by a licensed or certified psychologist on program entry, re-entry or at age twenty-two (22) whichever occurs first, unless there is a valid psychological evaluation completed within three years of admission on record.	<p><i>For adults, at the time of program entry, a psychological evaluation that was completed at age 22 or is less than 3 years old must be available for new program participants. In lieu of a psychological evaluation, a current (i.e., within one year of program entry) ICF/MR Level of Care (LOC) Determination that indicates the LOC criteria were met may be used. For example, if a 35 year old participant were entering the program on March 25, 2008, one of the</i></p>

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		<p><i>following could be accepted:</i></p> <ul style="list-style-type: none"> • <i>A psych. eval. completed when he/she was 22 (1995) [on program entry, re-entry or at age twenty-two (22) whichever occurs first]</i> • <i>One completed within the last 3 years (2005-2008) [unless there is a valid psychological evaluation completed within three years]</i> • <i>Or a current LOC Determination that is based on a psychological evaluation completed from 1995 until 2005.</i>
17	Individuals receiving Support Center Service are supported to make decisions and exercise choice regarding the specific Support Center services they will receive.	
18	<p>Within 15 business days of receipt of a referral, the Support Center Service provider will notify the referring Service Coordinator in writing of their intent to:</p> <ul style="list-style-type: none"> • Accept the person for service, or • Accept the referral for placement on the provider's waiting list, or • Reject the referral 	
19	Prior to providing Support Center Services, a preliminary plan that outlines the non-medical care, supervision and assistance to be provided must be developed.	<i>Plan must include essential information to ensure appropriate services and supports are in place to assure health, safety, supervision and rights protection.</i>
20	At the time of admission/entry into Support Center Service, the preliminary plan must be implemented.	<i>Preliminary plan is to be implemented on the day of admission. When assessments are completed, the plan will be completed and will replace the preliminary plan.</i>
21	Within thirty (30) calendar days of admission/entry into Support Center Service and annually thereafter an assessment will be completed that identifies the non-medical care, supervision, assistance and interests/preferences of the person.	
22	Based on the results of the assessment, within thirty (30) calendar days of admission and annually thereafter, a plan that outlines the Support Center services and supports to be provided is developed with participation from the individual and/or his/her legal guardian.	<i>At a minimum, the plan must be completed every 12 months.</i>

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23	<p>The plan must include:</p> <ul style="list-style-type: none"> • A description of the care and assistance to be provided • A description of the type and frequency of supervision to be provided. • A description of the kinds of activities in which the person is interested or prefers to participate • Emergency contact information • Current and comprehensive medical information • Any information essential to maintaining the person's health, safety and welfare 	<p><i>In accordance with Department Directive 510-01-DD, services provided shall include the provision of any interventions and supervision needed by the person for dining/eating. The interventions to be provided must be based on assessed needs. Supervision must encompass any time outside of the actual unit time when the person is present and supervision is needed.</i></p> <p><i>GUIDANCE: All critical and emergency information for this individual must be documented in the plan.</i></p> <p><i>GUIDANCE: Medications (medications taken by the individual must be listed and any assistance of medicating must be documented (self medicate or assisted medicate). All known relevant medication information must be documented. All specific instructions concerning individual reactions, side effects or restrictions to medicine must be documented.</i></p>
24	As soon as the plan is developed, it must be implemented.	
25	Data must be collected as specified in the plan and must be sufficient to support the implementation of the plan for each unit of service reported.	<i>Data must specify the amount of time the service was provided.</i>
26	<p>Data entries must be:</p> <ul style="list-style-type: none"> • True and accurate; • Complete; • Logically sequenced; • Typed or handwritten in permanent dark ink; and, • Dated and signed by the person making the entry. 	
27	At least monthly, the plan is monitored by the person responsible for developing and monitoring the plan to determine its effectiveness	<i>The Program Director's or designee's signature on the Monthly Data Recording Sheet signifies that the plan has been monitored</i>
28	The plan is amended when significant changes to the plan are necessary.	

	Standards	Guidance
29	<p>A record shall be maintained for each participant that contains, at a minimum, the items listed below. All documents and entries shall be legible, dated, and signed by the person making the entry. If symbols are used, explanatory legends must be provided.</p> <ul style="list-style-type: none"> • Report of a medical examination which was performed not more than twelve (12) months prior to admission; • Report of psychological evaluation(s) as required by these standards; • Current Plan that supports the provision of the service provided ; • Monthly summary; (Monthly Data Recording Sheet) • Record of unusual behavior incidents which are recorded at the time of occurrence; • Record of illness and accidents; • Authorization for emergency medical service and medication administration; • Record of critical incidents. 	<p><i>Record of illnesses and accidents will be maintained for those accidents that occur during service provision and for illnesses made known to the provider.</i></p>
30	<p>Any evidence of illness or injury shall be documented in the participant's record and action shall be taken to obtain necessary medical treatment of the individual and to safeguard others from contagion.</p>	
31	<p>Reporting requirements are performed correctly.</p> <ul style="list-style-type: none"> • According to the DDSN Finance Manual and applicable Departmental Directives. • Reporting of Critical Incidents • Death or Impending Death of Persons Receiving Services • Community Financial Reporting Requirements • Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contract Provider Agency 	